

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	2					
4	2					
5						
6						
7	2	2				
8	2	2				
9	2	2				
10	1					
11	1					
12						
13	1					
14	2					
15						
16	1					
17	2	2				
18	2	2				
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24	1					
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TOTAL IND.	2					
TOTAL DEP.	39					
TOTAL CLAIMS	41					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						